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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/751,543	01/05/2004	M. Merle Elloso	AM101281	2403
49598 WilmerHale/Wy	7590 04/30/200 veth)8	EXAMINER	
60 STATE STR	EET		KANTAMNENI, SHOBHA	
BOSTON, MA 02109			ART UNIT	PAPER NUMBER
			1617	
			MAIL DATE	DELIVERY MODE
			04/30/2008	PAPER

Please find below and/or attached an Office communication concerning this application or proceeding.

The time period for reply, if any, is set in the attached communication.

Intonsions Commons	10/751,543	ELLOSO ET AL.
Interview Summary	Examiner	Art Unit
	Shobha Kantamneni	1617
All participants (applicant, applicant's representative, PTO	personnel):	
(1) <u>Shobha Kantamneni</u> .	(3)	
(2) <u>Henry Gu</u> .	(4)	
Date of Interview: 22 April 2008.		
Type: a)⊠ Telephonic b)□ Video Conference c)□ Personal [copy given to: 1)□ applicant 2	2)⊠ applicant's representative	e]
Exhibit shown or demonstration conducted: d) Yes If Yes, brief description:	e) No.	
Claim(s) discussed:		
Identification of prior art discussed:		
Agreement with respect to the claims f) was reached. g)∏ was not reached. h)∏ N	I/A.
Substance of Interview including description of the general reached, or any other comments: <u>Inquired if the applicant for 09/11/2007</u> . Henry Gu informed that no response has been	iled a response to the Non-Fir	
(A fuller description, if necessary, and a copy of the amend allowable, if available, must be attached. Also, where no c allowable is available, a summary thereof must be attached	opy of the amendments that w	
THE FORMAL WRITTEN REPLY TO THE LAST OFFICE A INTERVIEW. (See MPEP Section 713.04). If a reply to the GIVEN A NON-EXTENDABLE PERIOD OF THE LONGER INTERVIEW DATE, OR THE MAILING DATE OF THIS INT FILE A STATEMENT OF THE SUBSTANCE OF THE INTE requirements on reverse side or on attached sheet.	last Office action has already OF ONE MONTH OR THIRTY ERVIEW SUMMARY FORM,	been filed, APPLICANT IS Y DAYS FROM THIS WHICHEVER IS LATER, TO
	/Shobha Kantamneni/ Examiner, Art Unit 1617	
Examiner Note: You must sign this form unless it is an	Examiner's signature, if requi	red

Application No.

Applicant(s)